

CALIFORNIA ARCHITECTS BOARD

400 R STREET, SUITE 4000, SACRAMENTO, CALIFORNIA 95814-6238 Fax: (916) 445-8524 Telephone: (916) 445-3393 E-mail: cab@dca.ca.gov

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CONSUMER COMPLAINT FORM

1. **SUBJECT** (Person Complaint is Against) Last Name First Name Middle Name **Business Name** Business Address City State Zip Code Business Phone Home Phone (If Known) Architect License Number (If Known) 2. **COMPLAINANT** (Person Making the Complaint) First Name Last Name Middle Name Address City State Zip Code **Business Phone** Home Phone Best Time of Day to Contact You What is the property address of the project? Did you and the subject sign a written contract or letter of agreement before any services were rendered? (If yes, please attach a copy.).....YES □ NO \square If you did not have a written contract or agreement, please provide a detailed description of the scope of services the subject was to provide for this project._ 5. Do you have copies of cancelled checks or other evidence of payment to the subject?......YES NO \square (If yes, please provide copies.) 6. Do you have design plans prepared by the subject?.....YES □ NO □ (If yes, please provide copies.)

7. What is the current status of the project?_____

8.	Did the building department require an architect or other licensed professional for this project?YES □	NO 🗆
9.	Did the subject explain the construction process and terms of the contract for services prior to starting wor the project?	k on NO □
	If yes, did the architect communicate the process, progress, and any problems clearly throughout the proj	ect? NO □
10.	Indicate the type of structure involved in this project:	
	Single-family residential Multi-unit residential Nonresidential less than 100,000 sq.ft. Nonresidential over 100,000 sq.ft. Specialized such as essential services, buildings, hospitals, schools	
11.	What is/was the estimated cost of construction for the project?	
12.	Have you discussed your complaint with the subject?YES □	NO 🗆
13.	Have you contacted an attorney regarding this matter?YES □	NO 🗆
	If so, provide your attorney's name, address, and phone number	
14.	Have you filed a claim in any court regarding this complaint?YES □	NO 🗆
	If so, name court:	
	Indicate hearing date, if scheduled:	
15.	Describe the events which led to your complaint and specify pertinent dates, monies paid, balances amounts claimed by third parties, etc. on a separate piece of paper and attach it to this complaint form.	owed,
	e filing of this complaint does not prohibit you from filing a civil action. Please read the follotement and sign and date the form where indicated:	owing
my or	ereby certify under penalty of perjury under the laws of the State of California that to the backward knowledge all of the above statements are correct. If called upon, I will assist in the investigation in the prosecution of the subject of this complaint or other involved parties, and will, if necessar to a complaint, attend hearings and testify to facts.	gation
YC	DUR SIGNATURE DATE	

3/2000 2

The following questions are optional, however, the California Architects Board would appreciate your cooperation in completing the questions. The information is confidential and will be used for statistical purposes to guide the Board in future decisions.

1.	How did you choose the architect you hired for your project? (for example, personal recommendation, research,	
	phone book listing, other method)	
2.	Have you ever used the services of an architect prior to this project?	
	No, I have not used the services of an architect prior to this project.	
	Yes, I worked with the same architect on(indicate the number) past projects.	
	Yes, I worked with a different architect(s) on(indicate the number) past projects.	
3.	How many architects did you interview before you made a selection?	
4.	What is your occupation?	
5.	Did you read the Board's publication Consumer's Guide to Hiring an Architect prior to beginning the project?	
	YES □ NO □	
	If yes, did you find the publication helpful?	
6.	Did you contact the California Architects Board to verify the architect's license status and check on any history	
	of complaints prior to beginning the project?YES \(\sigma\) NO \(\sigma\)	